Live Free PHYSICAL THERAPY

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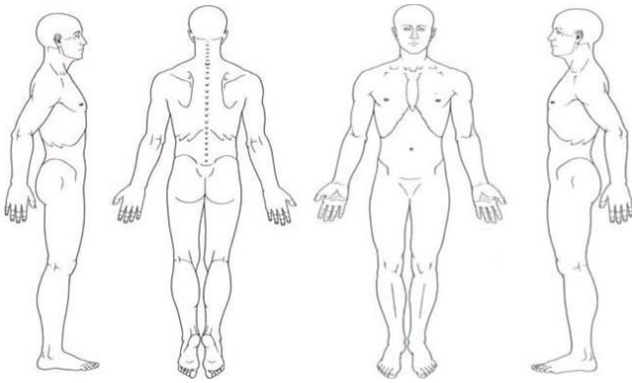
PATIENT HEALTH QUESTIONNAIRE

Name:_____ Date of Birth:_____Age:_____Right / Left Handed

Please place an "X" to indicate current areas of pain on the body chart below:



Have you ever had the problem(s) before? **Y / N** When?_____
Have you had physical therapy, chiropractic, or other treatment for this problem? **Y / N** When? _____
Have you had x-rays, MRIs, or other special tests performed for your current problem? **Y / N**
Please give dates and results.
_____
_____

Within the past year, have you had any of the following symptoms? (check all that apply)

___ Chest pain
___ Heart palpitations
___ Persistent cough
___ Hoarseness
___ Shortness of breath
___ Dizziness or fainting
___ Coordination problems
___ Weakness in arms or legs
___ Loss of balance
___ Difficulty walking
___ Joint Pain or swelling
___ Pain at night
___ Difficulty sleeping
___ Loss of appetite
___ Nausea/vomiting
___ Difficulty swallowing
___ Bladder/bowel problems
___ Unexplained weight loss/gain
___ Poor circulation
___ Fever/chills/sweats
___ Headaches
___ Hearing problems
___ Vision problems
___ Other:_____

Are you currently pregnant? **Y / N**
Do you have allergies or **latex sensitivity**? (*please specify)* _____
Medical History (check conditions you have or have had in the past)

___ Arthritis
___ Broken bones/fractures
___ Osteoporosis
___ Circulation/vascular problems
___ Heart Problems/pacemaker
___ High blood pressure
___ Lung problems
___ Stroke
___ Diabetes
___ Low blood sugar/hypoglycemia
___ Head injury
___ Multiple Sclerosis
___ Muscular Dystrophy
___ Parkinson's Disease
___ Seizure/epilepsy
___ Developmental/growth problems
___ Thyroid problems
___ Cancer (type) _____
___ Tuberculosis
___ Hepatitis
___ HIV+
___ Other infectious disease
___ Ulcers/stomach problems
___ Skin diseases
___ Depression
___ Kidney problems
___ Other:_____

List all past surgeries
(month/year)_____
_____
List all medications you are currently taking _____
_____
_____

Patient Signature:_____**Date:**_____